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Nevada Secretary of State  
Ross Miller



A partnership with the U.S. Living Will Registry®

ABOVE SPACE  
IS FOR OFFICE USE ONLY

## Authorization to Change Form

PLEASE TYPE OR PRINT CLEARLY USING INK

This form must be used by the Registrant for documents stored in the LivingWillLockbox to authorize a change and for update to their advance directive documents on file.

### Registrant Information (please type or print clearly)

Legal Name:

First / Middle / Last

Date of Birth:

mm/dd/yyyy

Primary Mailing Address:

Address

City

State

Zip Code

Phone Number:

Area Code

Number

Registrant ID #: (Found on Wallet Card)

### Changes to Registration Agreement (check each box that applies)

Changes **REQUIRING** additional documents:

☐

Add additional health care declaration document(s) to my currently stored documents.  
(*Attach* copy of additional document(s) to this form)

☐

Replace currently stored health care declaration document(s) with new one(s).  
(*Attach* copy of new documents(s) to this form)

Changes **NOT REQUIRING** additional documents to accompany this form:

☐

Revoke/Delete: Remove my health care declarations document(s) from the Lockbox. I am aware that I will no longer be registered with the Living Will Lockbox.

☐

Change of **Registrant** Information: (if an address change, indicate which address set forth on the agreement is being changed)

Primary Mailing Address ☐

Secondary Address ☐

New Address:

Address

City

State

Zip Code

Phone Number:

Area Code

Number

Alternate Number:

Area Code

Number

Authorization to Change Form (page 2)

☐ Change of **Emergency Contact** Information: (Please provide any new information below)

Primary ☐

Alternate ☐

Emergency Contact (Persons listed on health care declaration documents, Legal Guardians or Family)

Name:  Relationship:

Address City State Zip Code

Phone Number:   Alternate Number:    
Area Code Number Area Code Number

Contact is authorized access to my Advance Directive in case of emergency: Yes ☐ No ☐

I certify that this form accurately represents the changes I have made. Additionally, I authorize the changes to be reflected in the Lockbox.

**X**

Signature of Registrant

Date

If Authorization to Change Form is prepared and submitted by someone other than the Registrant, the following must be completed:

*I declare under penalty of perjury that pursuant to NRS 132.045, I am an agent of the above said Registrant and submitting this Authorization to Change Form on his/her behalf.*

Print Name of Person who Prepared this Document Entity/Organization Name  
Contact Number:    
Area Code Number

**X**

Signature of Person who Prepared this Document

Date

To confirm changes have been made please go to [www.LivingWillLockbox.com](http://www.LivingWillLockbox.com) and click on Access to Documents to view your documents on file. Please allow up to 12 business days for the changes to be viewed online.

**Attach photocopies of all documents.**

**Please do not send originals as we cannot be responsible for their safe keeping.**

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**MAIL OR FAX TO: Living Will Lockbox  
c/o Nevada Secretary of State Ross Miller  
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Phone (775) 684-5708  
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